

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018351

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 4 1962

1. PLACE OF DEATH

a. COUNTY

Chariton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Musselfork TownshipLength of stay in lb
10 monthsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 1/2 Mi. No. of MusselforkInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

1/2 Mile No. of Musselfork

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
George William Burger4. DATE
OF
DEATH

Month

Day

Year

May 26, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/28/1892 69

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

General Farm

11. BIRTHPLACE (City and state or country)

Michigan

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John M. Burger

13b. MOTHER'S MAIDEN NAME

Mary A. Burger

14. NAME OF HUSBAND OR WIFE

Pearl Eggers Burger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Pearl Burger,

Keytesville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Liver (primary?) not known

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

none

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 15, 1962 to May 26, 1962 and saw him alive on May 25, 1962
Death occurred at 7:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

removal

23b. DATE

5/28/62

23c. NAME OF CEMETERY OR CREMATORY

University of Missouri Medical Center

23d. LOCATION (City, town, or county)
(State)

Columbia, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Chas. B. Winkelmeier, Salisbury, Mo.

25. DATE RECD. BY LOCAL REG.

May 27-1962

26. REGISTRAR'S SIGNATURE

Donald Burger

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

JUN 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas B Winhelmejer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.